

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037020

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2669

FILED SEP 25 1962

VS 300  
Rev. 4/59

4003

24042

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9331X

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1244-0

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DATE AMENDED  
10/4/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
1949

SHOULD READ  
1913

ITEM NO. 8

DOCUMENT Own birth Record  
BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkwood</b>		c. CITY OR TOWN <b>Valley Park</b>	
Length of stay in 1b <b>2 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>521 1/2 Yarnell Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>Leona</b> Middle <b>R.</b> Last <b>Foristal</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>13</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/26/49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Mo.</b>	
13a. FATHER'S NAME <b>Frank Albrecht</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Bistrosch</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>John Foristal 521 1/2 Yarnell Rd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive cerebral hemorrhage</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>7:40</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Kirkwood</b>		COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>9-12-62</b> to <b>9-13-62</b> and last saw her/him alive on <b>9-13-62</b> Death occurred at <b>7:40 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Robert Bowles, M.D.</b>	
22b. ADDRESS <b>135 W. Adams Kirkwood 23, Mo.</b>		22c. DATE SIGNED <b>9-14-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept 17 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sunset</b>		23d. LOCATION (City, town, or county) (State) <b>Valley Park St. Louis County Mo.</b>	
24. FUNERAL DIRECTOR <b>Schumacher</b>		25. DATE RECD. BY LOCAL REG. <b>9-14-62</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy, M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

135 M. C. ~~Embalmers~~  
TA. 1-9150  
Kilbuck

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1. Affidavits containing guesses will not be accepted